

Edmund G. Brown Jr., Governor



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MEMORANDUM

DATE: December 12, 2012

TO: MRMIB Members

FROM: Jeanie Esajian
Deputy Director for Legislation and External Affairs

SUBJECT: MRMIB Media Report for November-December 2012

The last month was a light media period with regard to media requests of MRMIB. Two media outlets (New America Media and the Santa Cruz Sentinel) contacted MRMIB for statistics on the Pre-Existing Condition Insurance Plan. However, there was significant media coverage on the transition of Healthy Families Program subscribers to the Medi-Cal program as the transition period neared.

If you have any questions or comments regarding these articles, please feel free to contact me at (916) 324-0571 or at jesajian@mrrib.ca.gov.



December 12, 2012 - Capitol Desk

Healthy Families Set for January Transition

by David Gorn

State health officials have made it clear that the first phase of the Healthy Families transition to Medi-Cal managed care will go on as scheduled, beginning Jan. 1. Children's health advocates say they will do everything to support that effort while still keeping a careful eye on its progress.

The first phase of the transition will move about 415,000 children into Medi-Cal -- almost half the 860,000 children enrolled in Healthy Families. The transition is dependent on federal approval by CMS within three weeks.

"We have said consistently that the state isn't quite ready yet," said Wendy Lazarus, the founder and co-president of The Children's Partnership, a national not-for-profit children's advocacy group based in Santa Monica. "So, yes, it would be good if CMS reached the same conclusion."

Lazarus and other children's advocates have shifted their attention to facilitating the transition and to monitoring provider access, which has been their main concern.

"There will be some early indications through call centers and through community leaders if people are having problems with the transition," Lazarus said. "There will be anecdotal information we'll hear. And in a 30- to 60-day period, the Department [of Health Care Services] should have numbers in place, if kids have successfully transferred into the Medi-Cal program."

It is likely, Lazarus said, that the Legislature may take a role in oversight, if it starts to look like access concerns are becoming real problems. "Legislators may be concerned and continue the oversight they started," she said. "They may take a look at the evidence to see whether or not we should go forward with the second phase of this transition."

The second phase is scheduled to begin Apr. 1.

"The signs are the Brown Administration will proceed with this," Lazarus said, "so the attention has to be on how to monitor what's happening."



December 05, 2012 - Topic: Medi-Cal

Dooley: Medi-Cal Transition Will Begin in Jan. Despite Concerns

On Tuesday, Diana Dooley -- secretary of the state Health and Human Services Agency -- said that California will begin transferring low-income children enrolled in Healthy Families to Medi-Cal on Jan. 1, 2013, despite concerns about the timing and effectiveness of the plan, the *Los Angeles Times*' "PolitiCal" reports.

Healthy Families is California's Children's Health Insurance Program and Medi-Cal is California's Medicaid program (Megerian, "PolitiCal," *Los Angeles Times*, 12/4).

Background

In October, Dooley said that the state will shift about 863,000 children from Healthy Families to Medi-Cal, which reimburses physicians at lower rates.

Dooley said that the transition will help streamline and simplify government health care programs for California children.

Eliminating Healthy Families is estimated to reduce state spending by \$13 million this fiscal year and \$73 million annually after the transition is finished, according to the state.

The Department of Health Care Services said it plans to move all children enrolled in Healthy Families into Medi-Cal by Sept. 1, 2013.

The beneficiaries are expected to be moved in four phases, depending on whether their physicians and health plans already accept Medi-Cal (*California Healthline*, 12/4).

Concerns With Transition

Last week, Senate President Pro Tempore Darrell Steinberg (D-Sacramento) in a letter asked Dooley to slow the transition timeline. He wrote, "Without additional time, the likelihood of children losing health, dental and mental health care coverage and access to critical services increases exponentially" ("PolitiCal," *Los Angeles Times*, 12/4).

Meanwhile, county health departments are concerned about funding for mental health services after the transition. The funding will be based on estimated mental health needs, but counties argue that the funding might not be able to keep pace with the growing need for services (*California Healthline*, 12/4).

Dooley's Comments

On Tuesday, Dooley said that state officials will not shift children from Healthy Families to Medi-Cal unless they are sure the children will receive adequate health care after the transition.

She said, "[W]e will delay the transition" for certain children if they are unlikely to receive adequate care under Medi-Cal. However, she said, "[a]t this point, everything is on track."

Norman Williams -- spokesperson for DHCS -- also defended the state's plan, saying officials have "thoughtfully planned this transition" ("PolitiCal," *Los Angeles Times*, 12/4).

Los Angeles Times

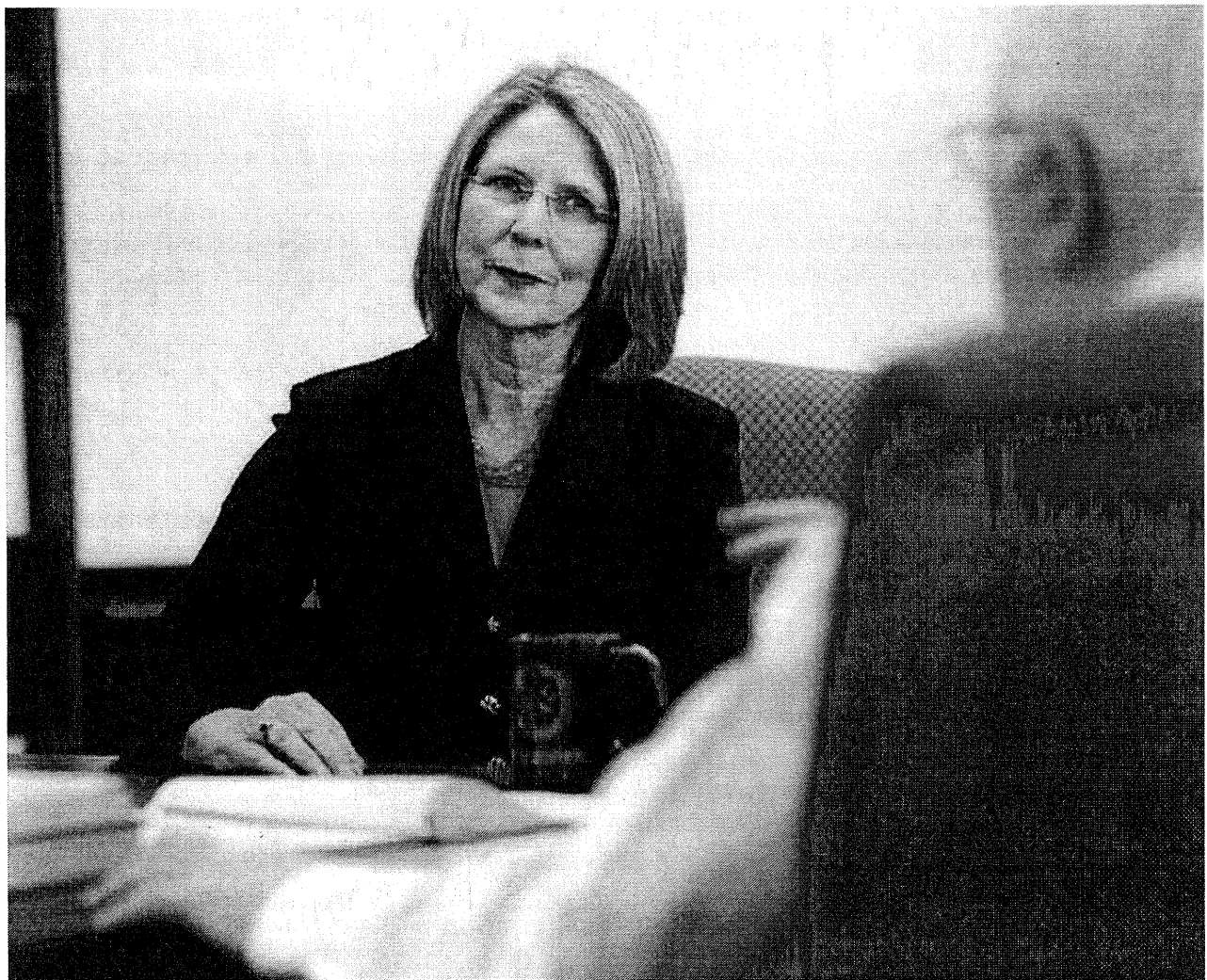
PolitiCal

ON POLITICS IN THE GOLDEN STATE

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Changes to California children's healthcare won't be delayed, official says

December 4, 2012 | 5:43 pm



A top official in Gov. Jerry Brown's administration said Tuesday that California will begin transferring poor children into a cheaper healthcare plan on Jan. 1, despite concerns from some lawmakers and advocates that the state's plan is inadequate.

California is eliminating the Healthy Families program next year and shifting nearly 900,000 children into Medi-Cal, which reimburses doctors at lower rates, in hopes of saving \$73 million annually. The transition will happen gradually, starting with the easiest cases.

Diana Dooley, secretary of the Health and Human Services Agency, said children won't be shifted unless the state is sure they will still get healthcare under the new plan.

"If they can't meet those conditions, we will delay the transition," she told reporters after speaking at a conference in Sacramento. "At this point, everything is on track."

Democratic lawmakers agreed to eliminate the Healthy Families program as part of a budget deal with Brown earlier this year.

Senate President Pro Tem Darrell Steinberg (D-Sacramento) wrote in a letter to Dooley last week that he's concerned the state is moving too quickly.

"Without additional time, the likelihood of children losing health, dental and mental health care coverage and access to critical services increases exponentially," he wrote.

Norman Williams, a spokesman for Department of Health Care Services, defended the state's schedule, saying officials have "thoughtfully planned this transition."



December 04, 2012 - Topic: Mental Health

Counties Question Mental Health Funding After Medi-Cal Switch

County health departments are concerned about funding for mental health services after the state shifts children enrolled in Healthy Families to Medi-Cal, *HealthyCal* reports (Graebner, *HealthyCal*, 12/4).

Healthy Families is California's Children's Health Insurance Program and Medi-Cal is California's Medicaid program.

Background

In October, California Health and Human Services Secretary Diana Dooley announced that the state is moving forward with plans to shift about 863,000 children from Healthy Families to Medi-Cal next year.

Dooley said that the transition will help streamline and simplify government health care programs for California children.

Eliminating Healthy Families is estimated to reduce state spending by \$13 million this fiscal year and \$73 million annually after the transition is finished, according the state.

The Department of Health Care Services said it plans to move all children enrolled in Healthy Families into Medi-Cal by Sept. 1, 2013.

The beneficiaries are expected to be moved in four phases, depending on whether their physicians and health plans already accept Medi-Cal (*California Healthline*, 11/29).

Details of Concerns

Certain mental health workers and patient advocates believe that children will have better access to mental health services after they are transitioned to Medi-Cal.

However, some county officials are concerned about the state's recent decision to give counties a set amount of sales tax revenue to fund mental health services following the transition.

The funding will be based on estimated mental health needs, but counties argue that the funding might not be able to keep pace with the growing need for services.

Comments

Carmella Gutierrez -- president of Californians for Patient Care, a not-for-profit patient advocacy organization -- said, "To have counties responsible for providing care for their residents seems to make sense." However, she said, "[t]he concern is with the funding."

Patricia Ryan -- executive director of the California Mental Health Directors Association -- said that if counties do not receive enough funding to provide mental health care services, they might have to redirect county funds from other programs for indigent individuals or from child welfare or adult protective services.

Norman Williams -- deputy director of the Office of Public Affairs at DHCS -- said that the state believes the funding will be adequate. He added, "The state will monitor expenditures in this funding category to determine if adjustments are needed on a prospective basis" (*HealthyCal*, 12/4).

Better mental health care predicted for Healthy Families kids with serious needs

December 4, 2012 @ 12:00 am

Children with less serious needs will have to find providers who take Medi-Cal's lower rates

By Lynn Graebner
California Health Report

Santa Cruz County mental health staff and patient advocates in California predict that many children enrolled in the state's Healthy Families Program, an insurance program for low-income families that will be phased out in 2013, should actually have better access to mental health services once they start transitioning to Medi-Cal in January.

This summer the state legislature approved Governor Jerry Brown's plan to cut the Healthy Families Program, saving the state \$129 million in the next two years and \$71 million annually after that. Healthy Families enrolls families whose incomes are low, but not low enough to qualify for Medi-Cal, as Medicaid is known in California. Many fear that with this transition to Medi-Cal, former Healthy Families enrollees will have difficulty finding health providers, since Medi-Cal pays providers less.

Many county health departments in California, however, welcome the state's 2011 decision to give their departments responsibility for managing the money that will help them provide the specific mental health services needed locally.

But they are concerned about the state's recent decision to switch from funding Medi-Cal mental health services with state general funds to giving counties a set amount of sales tax revenues. That funding will be based on estimated mental health care needs, but counties say that funding may not keep pace with the growing need for services.

"Counties certainly want to move forward. We think we can do it, [but] it comes down to the financial support," said Suzanne Tavano, Director of Mental Health and Substance Abuse Services for the Santa Cruz County Health Services Agency.

The state is estimating counties' funding needs for mental health services based on historical use plus the expected increased use of county services as Healthy Families enrollees come into the Medi-Cal system.

Based on that estimate the state is depositing a portion of its sales tax revenues into a behavioral health account, which will pay for adult treatment programs as well as youth screenings and services.

"To have counties responsible for providing care for their residents seems to make sense," said Carmella Gutierrez, president of Californians for Patient Care, a nonprofit patient advocacy organization based in Sacramento. "The concern is with the funding."

The Healthy Families Program gave parents seeking mental health care for their children more access to physicians in private practice because Healthy Families provider rates are higher than Medi-Cal's.

After the transition, children suffering from mental health disorders serious enough to require a specialist, such as conduct disorders or early diagnosis of bipolar disorder, will continue to seek treatment from the county. Children with milder needs – for instance, depression resulting from divorce – will need to find therapists who accept Medi-Cal.

The county already has the infrastructure in place to support children with serious mental health care needs, so the transition away from Healthy Families to Medi-Cal should benefit them.

Participants in Healthy Families actually seem to underuse their mental health care services, compared to Medi-Cal participants. No one is sure why that is. "The state has been trying to get to the bottom of that for quite a few years," said Patricia Ryan, Executive Director of the California Mental Health Director's Association.

"I don't think it was due to any problems per se on the part of Healthy Families," said Dane Cervine, Program Chief of Child and Adolescent Mental Health Services for the Santa Cruz County Health Services Agency. He said it could have been that families just weren't aware of the services. Medi-Cal has a much longer history of providing mental health services.

That's one reason why counties are concerned about the current funding estimates – they expect to see an increase in specialty treatment services as Healthy Families enrollees transfer to Medi-Cal.

Only about 1 percent of Healthy Families beneficiaries in Santa Cruz County, for instance, are getting mental health services, Cervine said. In comparison, usually 5 to 10 percent of children with Medi-Cal are getting some sort of treatment. In Santa Cruz County 10.71 percent of children with Medi-Cal received mental health services in 2010, he said.

Ryan estimates that about 43,000 children transferring from Healthy Families may require these higher-level specialty services at the county or through county-contracted providers.

They will be eligible for a wide variety of services with their Medi-Cal coverage, including screening and assessments, therapeutic behavioral services and wrap around services including family teams and in-home visiting.

Paying for this level of services based on state estimates of current use is a concern, Ryan said at an Oct. 16 Senate Budget Committee hearing.

In an interview, Ryan said counties question the state's funding estimates for serving these additional children.

"We fear they low-balled it," she said.

If counties come up short, they may need to redirect county funds from other programs for indigent individuals or for child welfare services or adult protective services, Ryan said.

But the state believes the funding is adequate, said Norman Williams, Deputy Director of the Office of Public Affairs at the California Department of Health Care Services.

"The state will monitor expenditures in this funding category to determine if adjustments are needed on a prospective basis," he said in an e-mail response to questions.

Healthy Families enrollees with less serious needs, such as attention deficit disorder or mild depression, will be able to continue treatment through their primary care providers.

Children with mid-level needs, such as a child suffering from anxiety about a divorce, who may currently be seeing a private psychiatrist, psychologist or an agency contracting with Healthy Families, could continue to see those providers if the providers agree to take Medi-Cal reimbursements and enroll in the state's fee-for-service Medi-Cal network.

But some providers and families don't want to make the switch.

Vivian Gratton, president of the Santa Cruz Chapter of the California Association of Marriage & Family Therapists, treats a child with Healthy Families coverage. The family was told they now have to seek services at the county.

They opted not to. They are comfortable with Gratton and her skill set, she said. They pay Gratton on a sliding scale out of pocket, which is a stretch for them.

Sylvia Yee, another marriage and family therapist in Santa Cruz County, has treated children in the Healthy Families Program even though the reimbursement didn't completely cover her fees. But she said she probably won't become a Medi-Cal provider.

She's not alone. California ranks 46th nationally for Medicaid reimbursement levels to providers, according to Williams.

He indicated his agency is working on equipping counties with lists of current Healthy Family mental health providers who could possibly be resources for counties.

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latimes.com/health/la-ed-medical-healthy-families-20121202,0,3041139.story

latimes.com

Editorial

Keeping California's kids healthy

Budget cuts forced the demise of the Healthy Families program, but children must have access to care.

December 2, 2012

In a bid to cut the state's healthcare bills, the Brown administration will begin shuttering the Healthy Families insurance program for low-income children on Jan. 1. More than 850,000 kids will be shifted over the course of the year into HMOs that participate in Medi-Cal, California's version of the federally subsidized Medicaid program. It may be too late now for the Legislature to rescue Healthy Families from its untimely and potentially disruptive end, even though lawmakers are heading to Sacramento on Monday to begin a special session devoted to healthcare issues. But state lawmakers and federal Medicaid officials should do as much as they can to ensure that these children's parents won't be left scrambling desperately to find a doctor or a dentist when their kids need one.

Healthy Families provides insurance to children in families too poor to afford private coverage but not quite poor enough to qualify for Medi-Cal, which is available to those whose earnings don't exceed the federal poverty line (\$19,000 for a family of three in 2012). The program receives more generous federal subsidies than Medi-Cal, yet it's more expensive for the state because it offers doctors, dentists and hospitals higher rates than Medi-Cal pays. Those higher payments lead more providers to participate in Healthy Families, making it easier for the children it covers to obtain care.

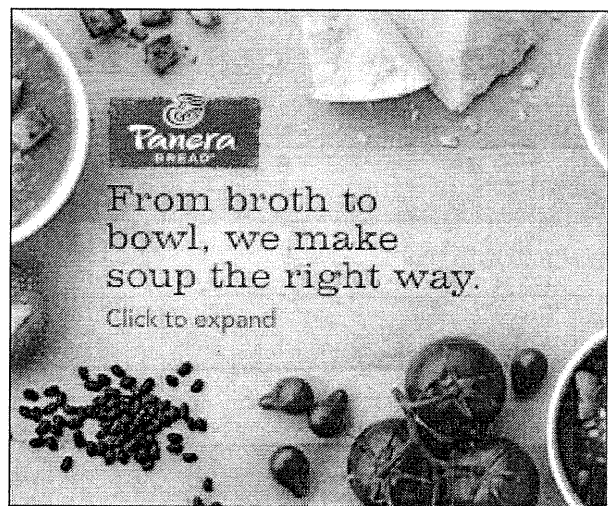
Despite the success of Healthy Families, Gov. Jerry Brown persuaded the Legislature earlier this year to end it and cover its beneficiaries through Medi-Cal's managed-care program instead. The goal was to save an estimated \$13 million in the first half of 2013 and potentially even more in the future, narrowing the state's budget gap. The change also promised two potential benefits for low-income families: Medi-Cal covers some healthcare costs that Healthy Families doesn't, and its premiums and co-pays are lower.

Many children's advocates in the state, however, say that the easier access to doctors in Healthy Families trumps Medi-Cal's superior coverage and lower out-of-pocket costs. In some rural areas, new Medi-Cal patients may have to leave the county to find certain types of providers. That's too much to ask of families who are barely scraping by, particularly if their children have chronic diseases or mental health issues. Imagine being a single mother with a full-time job, no car and a 10-year-old daughter who needs dialysis, but the only provider willing to treat her is 30 miles away.

With the 2010 federal healthcare law about to force tumultuous changes in the industry, now is an especially bad time to eliminate Healthy Families. In little more than a year, millions more low-income Californians will become eligible for Medi-Cal if the state extends it to those earning up to 133% of the poverty line, as provided by the new law. That expansion would put even more strain on an overburdened program. At the same time, new subsidies for private health insurance will become available for low- and moderate-income families. Besides, the cancellation of the program will not improve the state's finances any time soon. Upset about the program's demise, Republicans blocked the renewal of a tax on managed-care plans that had helped pay for it, costing the state nearly \$200 million annually.

Ideally, lawmakers would move swiftly to preserve Healthy Families and the corresponding tax for at least one more year. That would allow low-income children and their parents to move together into new insurance coverage in 2014, whether it

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be through Medi-Cal or heavily subsidized private plans. The prospects of such an 11th-hour rescue are slim, however; the state has already sent notices to many Healthy Families beneficiaries telling them that their coverage is changing Jan. 1.

If Healthy Families can't be saved, it's imperative that federal officials withhold approval of the state's plan until the state shows that the program's beneficiaries will continue to have the same access to care as before. Although some Healthy Families participants are covered by insurers that also offer Medi-Cal HMOs, many others will have to be placed with new insurers. And just because an insurer offers a Medi-Cal HMO, that doesn't mean its network of providers can handle an influx of new patients.

The state plans to shift Healthy Families recipients into Medi-Cal in four phases, starting in January with those who can move to Medi-Cal HMOs run by the same insurers and served by the same networks of doctors that serve them today. Soon after, though, the state will have to deal with children whose current doctors, dentists or therapists don't participate in Medi-Cal. Meanwhile, children newly eligible for coverage will go straight into Medi-Cal HMOs, even in areas where access to care is in doubt.

State officials say kids whose HMOs can't meet their needs will be allowed to seek care from out-of-network providers. That's predicated on the risky assumption, however, that these families will be able to find *any* providers in their communities willing to treat patients at Medi-Cal's low rates.

The federal Department of Health and Human Services and state lawmakers shouldn't hesitate to slam the brakes on the transition if the state cannot preserve kids' access to care. And as Senate President Pro Tem Darrell Steinberg (D-Sacramento) has suggested, the administration needs a way to monitor the performance of Medi-Cal HMOs after they've started adding former Healthy Families beneficiaries to see if problems emerge. That monitoring capability should be in place in a county before Healthy Families is terminated there.

The Brown administration seems determined to phase out Healthy Families as rapidly as it can. Making sure low-income kids have access to the healthcare they need, however, is more important than maximizing the potential savings to state government. If the state must bring Healthy Families to a premature end, lawmakers in Sacramento and regulators in Washington should keep a close eye on the process to make sure no children are pushed into a coverage abyss.

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November 29, 2012 - Topic: Medi-Cal

Insurers Question Physicians' Acceptance of Medi-Cal Kids

Some California health plans are expressing concerns that there will not be enough physicians who are willing to accept children moved from the Healthy Families program to Medi-Cal, *California Watch* reports.

Healthy Families is California's Children's Health Insurance Program and Medi-Cal is California's Medicaid program (Jewett, *California Watch*, 11/29).

Background

In October, California Health and Human Services Secretary Diana Dooley announced that the state is moving forward with plans to shift about 863,000 children from Healthy Families to Medi-Cal next year.

Dooley said that the transition will help streamline and simplify government health care programs for California children.

Eliminating Healthy Families is estimated to reduce state spending by \$13 million this fiscal year and \$73 million annually after the transition is finished, according the state.

The Department of Health Care Services said it plans to move all children enrolled in Healthy Families into Medi-Cal by Sept. 1, 2013.

The beneficiaries are expected to be moved in four phases, depending on whether their physicians and health plans already accept Medi-Cal (*California Healthline*, 10/17).

Details of Concerns

Health Net has notified the state that it is unsure of how many of its physicians will continue to care for children after they are moved to Medi-Cal, which pays physicians less for health care services than Healthy Families.

Health Net covers about 86,000 children in four counties:

- Fresno;
- Los Angeles;
- Sacramento; and
- San Diego.

Health Net said it could not determine physicians' willingness to take on children enrolled in Medi-Cal without seeing reimbursement estimates.

CalViva -- a plan that contracts with Health Net and has nearly 15,000 members in Fresno, Kings and Madera counties -- reported similar concerns to state officials.

State Actions

In response to the concerns, state officials moved the transition date for Healthy Families beneficiaries covered by Health Net and CalViva from Jan. 1, 2013, to March 1, 2013.

Norman Williams -- a DHCS spokesperson -- said that the agency provided physician payment information to Health Net on Nov. 5 and is continuing to collect data about whether physicians will accept Medi-Cal beneficiaries (*California Watch*, 11/29).



CALIFORNIA WATCH

HEALTH & WELFARE | DAILY REPORT

Health plans air concerns amid changes to kids' coverage

November 29, 2012 | Christina Jewett, California Watch



like/Shutterstock [1]

Under a [budget-paring plan](#) [2] crafted by Gov. Jerry Brown and approved by lawmakers, 870,000 children who were covered by the Healthy Families program will be moved to Medi-Cal in phases starting Jan. 1. But it remains unclear whether a health plan serving Sacramento, Fresno, San Diego and Los Angeles counties will have enough doctors to accept the children.

Health Net, which covers about 86,000 children, notified the state that it can't say how many of its doctors will continue to see children after they are moved from the better-paying Healthy Families program to Medi-Cal, a Medicaid program that pays some of the [nation's lowest reimbursement rates](#) [3].

CalViva, a plan that contracts with Health Net to provide care to nearly 15,000 clients in Fresno, Kings and Madera counties, also reported similar concerns.

"That's a lot of children who would be affected if there are problems in the health plans," said Michele Stillwell-Parvensky, a policy and

communications associate with the Children's Defense Fund – California.

[In a report published](#) [4] Nov. 1, Health Net said it could not determine its doctors' willingness to take on Medi-Cal clients without seeing rates under the emerging plan.

After hearing the concerns, state authorities moved the transition date for Health Net and CalViva clients covered by Healthy Families from Jan. 1 to March 1. The coverage transition is expected to roll out in four phases through August.

State Department of Health Care Services spokesman Norman Williams said the state provided rate information to Health Net on Nov. 5 and is continuing to collect data on whether doctors will accept Medi-Cal clients. The change comes as the state attempts to cut about \$64 million from children's coverage in the fiscal year ending next summer.

Health Net reported to the state that it has a low "overlap" in its network, meaning that many doctors who served Healthy Families clients do not accept Medi-Cal.

"Our focus is to help Health Net increase the overlap of providers in its Medi-Cal model so that it can ensure a seamless transition into a network that is adequate for the transition," Williams said in an email.

Health Net spokesman Brad Kieffer said the firm "continues working closely with the state and we will be providing an update by the deadlines that are required."

Federal health reform is expected to limit [rate cuts](#) [5] for doctors who see children covered by Medi-Cal starting in January. At that time, federal funds will boost Medi-Cal rates for primary care doctors to the same level as Medicare rates, which are roughly 50 percent higher. The change is expected to last through 2015.

Still, whether doctors will take on the influx of Medi-Cal clients goes to the heart of children's advocates' concerns.

"Our worry is that there seems to be an intention to proceed with these transitions without that certainty that the doctors will be there to meet all these kids," said Kathleen Hamilton, director of governmental affairs with the Children's Partnership.

Hamilton said she's also concerned that pediatricians will be caught off guard by the changes. She said she recently spoke to doctors in Los Angeles about the changes and found they were "anxious for information."

Twenty-two members of California's congressional delegation signed a [Nov. 16 letter urging](#) [6] caution during the transition.

The letter to state Health and Human Services Secretary Diana Dooley notes that the changes come as the state moves 470,000 elderly and disabled Medi-Cal clients into managed care plans.

"When large numbers of persons are moving into managed care plans, plan capacity and access to providers must be addressed carefully," the letter says. "The potential for children to lose access to care is of great concern to us."

Authorities with the state's Medi-Cal agency say they are "working diligently to ensure that this transition is conducted appropriately."

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